

CONTRACT #4
RFS # 317.04-003

**Department of Finance &
Administration
Insurance Administration**

VENDOR:
Medstat Group, Inc.

RECEIVED

JUN 14 2007

FISCAL REVIEW



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
INSURANCE ADMINISTRATION

312 Eighth Avenue North
Suite 2600 William R. Snodgrass Tennessee Tower
Nashville, Tennessee 37243
FAX (615) 253-8556

Dave Goetz
COMMISSIONER

Richard Chapman
EXECUTIVE DIRECTOR

MEMORANDUM

To: James White, Executive Director, Fiscal Review Committee
From: Richard Chapman, Executive Director *Richard Chapman*
Date: June 12, 2007
RE: Request for Amendment # 7 to The Medstat Group, Inc. contract

Please find attached a Non-Competitive Amendment request to reduce the maximum liability to the existing contract with The Medstat Group, Inc. signed by Commissioner Goetz. The contract with The Medstat Group, Inc. is for the provision of data warehouse and decision support system services that are employed to analyze healthcare data to determine cost and utilization measures and trends.

The amendment to The Medstat Group, Inc. contract will result in savings for the State under the existing contract. The vendor has negotiated with the State and is willing to accept a reduction in fees under this contractual agreement. Correspondingly, the vendor is willing to provide the same service array for the Cover Tennessee products with both independent contracts expiring on December 31, 2008. It is the intention of the State to release a Request for Proposals for the State plans and the Cover Tennessee products.

An initial request was presented to the Contract Services Subcommittee of the Fiscal Review Committee on April 23, 2007 to add the Cover Tennessee products through an amendment to the existing contract with The Medstat Group, Inc. The Fiscal Review Committee voted to recommend approval as a stand alone contract for the Cover Tennessee products and not to amend the existing contract. The memorandum dated April 24, 2007 is attached for review.

The base contract and six prior amendments are included as is a draft of the amendment created to address the reduction in the maximum liability to the existing contract for health insurance data management information decision support services The Medstat Group, Inc. currently provides for the plans administered by the Division of Insurance Administration for the State, Local Education and Local Government Insurance Committees.

Thank you for your consideration of this request.

Attachment



**GENERAL ASSEMBLY OF THE STATE OF TENNESSEE
FISCAL REVIEW COMMITTEE**

320 Sixth Avenue, North - 8th Floor
NASHVILLE, TENNESSEE 37243-0057
615-741-2564

Rep. Charles Curtiss, Chairman
Representatives

Curt Cobb	Donna Rowland
Curtiss Johnson	David Shepard
Gerald McCormick	Curry Todd
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Craig Fitzhugh, <i>ex officio</i>	
Speaker Jimmy Naifeh, <i>ex officio</i>	

Sen. Douglas Henry, Vice-Chairman
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Lt. Governor Ron Ramsey, <i>ex officio</i>	

M E M O R A N D U M

TO: The Honorable Dave Goetz, Commissioner
Department of Finance and Administration

FROM: Charles Curtiss, Chairman, Fiscal Review Committee *CC*
Bill Ketron, Chairman, Contract Services Subcommittee *BK*

DATE: April 24, 2007

SUBJECT: **Contract Comments**
(Contract Services Subcommittee Meeting 4/23/07)

RFS# 317.04-003

Department: Finance & Administration

Division: Insurance Administration

Contractor: The Medstat Group, Inc.

Summary: Vendor is currently responsible for providing data warehouse and decision support system services that are used to analyze healthcare data to determine cost, utilization measures and trends. This amendment will add the Cover Tennessee Plans (CoverTN, CoverKids, AccessTN and CoverRX) to the existing contract for health insurance data management.

Maximum liability: \$4,450,000

Maximum liability with amendment: \$4,790,000

After review, the Fiscal Review Committee voted to recommend approval as a stand-alone contract rather than an amendment to an existing contract.

cc: Mr. Richard Chapman, Executive Director
Mr. Robert Barlow, Director, Office of Contracts Review



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
INSURANCE ADMINISTRATION
312 Eighth Avenue North
Suite 2600 William R. Snodgrass Tennessee Tower
Nashville, Tennessee 37243
FAX (615) 253-8556

Dave Goetz
COMMISSIONER

Richard Chapman
EXECUTIVE DIRECTOR

MEMORANDUM

To: Commissioner M. D. Goetz, Jr.

From: Richard Chapman 

Date: June 12, 2007

Re: Contract Start Date

This is to request a start date for the amendment to the contract with The Medstat Group, Inc. for decision support services in advance of 60 days after receipt of the non-competitive amendment to this contract.

This contract amendment reduces the maximum liability of the State for the services of The Medstat Group, Inc. regarding the existing State, Local Education and Local Government plans and allows the State to realize savings under the contract agreement currently in place with this vendor.

REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED

Commissioner of Finance & Administration

Date:

EACH REQUEST ITEM BELOW MUST BE DETAILED OR ADDRESSED AS REQUIRED.

1) RFS #	317.04-003	
2) State Agency Name :	F&A - Insurance Administration	
EXISTING CONTRACT INFORMATION		
3) Service Caption :	Medical Claims decision support system; data storage and analysis	
4) Contractor :	The Medstat Group, Inc.	
5) Contract #	FA55114095	
6) Contract Start Date :	January 1, 1995	
7) <u>Current</u> Contract End Date IF <u>all</u> Options to Extend the Contract are Exercised :	December 31, 2008	
8) <u>Current</u> Total Maximum Cost IF <u>all</u> Options to Extend the Contract are Exercised :	\$4,450,000	
PROPOSED AMENDMENT INFORMATION		
9) <u>Proposed</u> Amendment #	7	
10) <u>Proposed</u> Amendment Effective Date : (attached explanation required if date is < 60 days after F&A receipt)	May 1, 2007	
11) <u>Proposed</u> Contract End Date IF <u>all</u> Options to Extend the Contract are Exercised :	December 31, 2008	
12) <u>Proposed</u> Total Maximum Cost IF <u>all</u> Options to Extend the Contract are Exercised :	\$4,420,840	
13) Approval Criteria : (select one)	<input checked="" type="checkbox"/> use of Non-Competitive Negotiation is in the best interest of the state <input type="checkbox"/> only one uniquely qualified service provider able to provide the service	
14) Description of the Proposed Amendment Effects & Any Additional Service :		
This amendment will revise the payment methodology to an annual fee per employee for the health insurance data management information decision support services Medstat currently provides for the plans administered by the Division of Insurance Administration for the State, Local Education and Local Government Insurance Committees. The overall maximum liability of the contract will be reduced by approximately \$29,000 for the final		

18 months of the term of the contract.

15) Explanation of Need for the Proposed Amendment :

This amendment would allow the State to realize some identified savings under the current contract payment methodology. The Contractor is willing to reduce the maximum liability as the contract currently allows for up to 150,000 employees of the State, Local Education and Local Government plans but that number of employees has not been reached. The Contractor is willing to reduce the number of potential employees and take a corresponding reduction in the maximum liability.

16) Name & Address of Contractor's Current Principal Owner(s) :
(not required if proposed contractor is a state education institution)

The MEDSTAT Group, Inc., 777 East Eisenhower Parkway, Ann Arbor, MI 48108

17) Documentation of Office for Information Resources Endorsement :
(required only if the subject service involves information technology)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

18) Documentation of Department of Personnel Endorsement :
(required only if the subject service involves training for state employees)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

19) Documentation of State Architect Endorsement :
(required only if the subject service involves construction or real property related services)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

20) Description of Procuring Agency Efforts to Identify Reasonable, Competitive, Procurement Alternatives :

As this amendment reduces the maximum liability, there has been no effort to seek alternative measures.

21) Justification for the Proposed Non-Competitive Amendment :

The State benefits from amending the existing contract through the projected savings under the Contract.

REQUESTING AGENCY HEAD SIGNATURE & DATE :

(must be signed & dated by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR—signature by an authorized signatory will be accepted only in documented exigent circumstances)

Agency Head Signature

Date

C O N T R A C T S U M M A R Y S H E E T

8-8-05

RFS #	Contract #
317.04-003	FA5114095-
State Agency	State Agency Division
F&A	Insurance Administration
Contractor Name	Contractor ID # (FEIN or SSN)
The MEDSTAT Group, Inc.	<input type="checkbox"/> C- or <input checked="" type="checkbox"/> V- 06-1467923
Service Description	

Storage of healthcare data, for research and insurance plan management purposes. This amendment reduces the maximum liability to realize some savings under the existing payment methodology.

Contract Begin Date	Contract End Date	SUBRECIPIENT or VENDOR?	CFDA #
Jan. 1, 1995	Dec. 31, 2008		

Mark, if Statement is TRUE

☒ Contractor is on STARS as required

☒ Contractor's Form W-9 is on file in Accounts as required

Allotment Code	Cost Center	Object Code	Fund	Funding Grant Code	Funding Subgrant Code
317.04	993	083	11		

FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
1995-2006			\$3,400,000		\$3,400,000
2007			\$360,000		\$360,000
2008			\$340,560		\$340,560
2009			\$320,280		\$320,280
TOTAL:			\$4,420,840		\$4,420,840

— COMPLETE FOR AMENDMENTS ONLY —

State Agency Fiscal Contact & Telephone #

Maureen Abbey
20th Floor, Snodgrass TN Tower
Nashville, TN 37243
741-6070

State Agency Budget Officer Approval

Funding Certification: (certification required by T/C/A, § 9-4-5113, that there is a balance in the appropriation from which the obligated expenditure is required to be paid that is not otherwise encumbered to pay obligations previously incurred)

FY	Base Contract & Prior Amendments	THIS Amendment ONLY
1995-2006	\$3,400,000	
2007	\$360,000	
2008	\$360,000	-\$19,440
2009	\$330,000	-\$9,720
TOTAL:	\$4,450,000	-\$29,160
End Date:	12-31-08	12-31-08

Contractor Ownership

☐ African American
 ☐ Disabled
 ☐ Hispanic
 ☐ Small Business
 ☒ NOT minority/disadvantaged
☐ Asian
 ☐ Female
 ☐ Native American
 ☐ OTHER minority/disadvantaged—

Contractor Selection Method

☒ Original: RFP
 ☐ Competitive Negotiation
 ☐ Alternative Competitive Method
☒ Non-Competitive Negotiation
 ☐ Government
 ☐ Other

Procurement Process Summary

It is in the best interest of the State to realize savings under the existing contract.

**AMENDMENT SEVEN
TO CONTRACT FA5114095**

This contract, by and between the State of Tennessee, the State Insurance Committee, Local Education Insurance Committee, and Local Government Insurance Committee, hereinafter referred to as the State, and The Medstat Group, Inc., hereinafter referred to as the Contractor, is hereby amended as follows:

1. Delete Section B.1.b. in its entirety and insert the following in its place:

B.1.b Data format conversions, for the periods indicated below, and with the designated components:

Contract Period	Vendor(s)	Required Components
January 1, 1995 through December 31, 1996	Blue Cross Blue Shield of Tennessee	data format conversion for the Plan Administrator in one format
January 1, 1997 through December 31, 1999	Blue Cross Blue Shield of Tennessee	medical and prescription drug claims in a single, consistent format specified by the Contractor
January 1, 1997 through December 31, 1999	HealthSource	medical and prescription drug claims and encounter records in a single, consistent format specified by the Contractor
Periods beginning on or after January 1, 2000	Blue Cross Blue Shield of Tennessee	medical and prescription drug claims in a single, consistent format specified by the Contractor
Periods beginning on or after January 1, 2000	John Deere Health Care, Inc.	medical and prescription drug claims and encounter records in a single, consistent format specified by the Contractor
Periods beginning on or after January 1, 2000	United Behavioral Health, Inc.	medical and prescription drug claims in a single, consistent format specified by the Contractor
Periods beginning on or after January 1, 2000 through December 31, 2000	United Healthcare of Tennessee	medical and prescription drug claims in a single, consistent format specified by the Contractor
Periods beginning on or after January 1, 2001	Aetna/Prudential	medical and prescription drug claims in a single, consistent format specified by the Contractor
January 1, 2003 through December 31, 2005	Blue Cross Blue Shield of Tennessee, Aetna, John Deere, Magellan Behavioral Health	Eligibility data feed: State of Tennessee; Medical Claims Data feeds: BCBST, Aetna, John Deere, UBH; Pharmaceutical Data feeds: BCBST, Aetna, John Deere
Periods beginning on or after January 1, 2006 through April 30, 2007	Blue Cross Blue Shield of Tennessee, Aetna, CIGNA, John Deere, Magellan Behavioral Health	Eligibility data feed: State of Tennessee; Medical Claims Data feeds from BCBST, Aetna, John Deere Health, CIGNA, and Magellan; Pharmaceutical Data feeds from BCBST, Aetna, John Deere Health, and CIGNA.
Periods beginning May 1, 2007	Blue Cross Blue Shield of Tennessee, CIGNA, John Deere/United Healthcare and Magellan Behavioral Health.	Eligibility data feed: State of Tennessee; Medical Claims Data feeds from BCBST, John Deere Health/United Healthcare, CIGNA, and Magellan Behavioral Health; Pharmaceutical Data feeds from BCBST, John Deere Health/ United Healthcare and CIGNA.

2. Delete Section C.1 in its entirety and insert the following in its place:

C.1 In no event shall the maximum liability of the State under this Contract exceed Four Million, Four Hundred and Twenty Thousand Eight Hundred Forty Dollars (\$4,420,840.00). The rates in Section C.4.a. and Section D. (Optional Services and Charges), and its subsections, shall constitute the entire compensation due the Contractor for the services delivered and all of the Contractor's obligations hereunder regardless of the difficulty, materials or equipment required. The rates include, but are not limited to, all applicable taxes, fees, overheads, and all other direct and indirect costs incurred or to be incurred by the Contractor.

3. Delete Section C.4.a. in its entirety and insert the following in its place:

C.4.a. Monthly payments shall be made to the Contractor for the basic services described under Section B., SCOPE OF SERVICES. The fixed fees for each contract year (to be paid at the rate of one twelfth of the total) are as follows:

Calendar Year	Total fixed fee for basic services
1995	\$190,000
1996	\$199,500
1997	\$226,931
1998	\$287,240
1999	\$262,080
2000	\$262,080
2001	\$273,442
2002	\$281,645
2003	\$290,094 plus Advantage Suite: \$50,000 (total fixed fee 2003 = \$340,094)
2004	\$298,796
2005	\$307,760
2006	\$312,376
2007	\$317,062-\$9,720=\$307,342
2008	\$321,818-\$19,440=\$302,378

If data feeds are eliminated such that the net number of required data feeds (see Section B.1.b) drops below eight (8), there will be a corresponding decrease of Five Thousand Dollars (\$5,000) per eliminated data feed, for each of the remaining years of the Contract. If any such elimination should occur at any point in time other than on a calendar year basis, the \$5,000 fee decrease will be prorated, as mutually agreed by both parties.

4. Delete Section C.4.b. in its entirety and insert the following in its place:

C.4.b. For each contract year (Column A below), fixed fees cover up to the number of State Plan employees (Column B) whose medical claims are administered by the Plan Administrator(s). If the average number of contracts exceeds the total in Column C, the State shall pay to the Contractor the amount in Column D, for all contracts in excess of the number in Column C, at the rate indicated.

A. Contract Year	B. Fees cover up to:	C. If contracts exceed...	D. ...the State will pay to the Contractor...
1/1/1995 - 12/31/1997	110,000	110,000	\$0.43 per contract per quarter
1/1/1998 - 12/31/1999	112,000	112,000	\$2.19 per contract per year
1/1/2000 - 12/31/2005	150,000	150,000	\$2.43 per contract per year
1/1/2006 - 4/30/2007	150,000	150,000	\$2.43 per contract per year
5/1/2007 - 12/31/2008	142,000	142,000	\$2.43 per contract per year

The other terms and conditions of this Contract not amended hereby shall remain in full force and effect.

IN WITNESS WHEREOF:
THE MEDSTAT GROUP, INC.:

JONATHAN NEWPOL, EXECUTIVE VICE PRESIDENT

DATE

STATE OF TENNESSEE
STATE INSURANCE COMMITTEE
LOCAL EDUCATION INSURANCE COMMITTEE
LOCAL GOVERNMENT INSURANCE COMMITTEE:

M. D. GOETZ, JR., CHAIRMAN

DATE

APPROVED:
DEPARTMENT OF FINANCE AND ADMINISTRATION:

M. D. GOETZ, JR., COMMISSIONER

DATE

COMPTROLLER OF THE TREASURY:

JOHN G. MORGAN, COMPTROLLER OF THE TREASURY

DATE

CONTRACT SUMMARY SHEET

8-B-

REF: 317.04-003		Contract #: FA51140966	
State Agency:		State Agency Division:	
F&A		Insurance Administration	
Contractor Name:		Contractor ID # (FEIN or SSN):	
The MEDSTAT Group, Inc.		<input type="checkbox"/> C- or <input checked="" type="checkbox"/> V- 06-1467923	
Service Description:			

Storage of healthcare data, for research and insurance plan management purposes. This amendment extends the contract through December 31, 2008; increases the maximum liability. F:\Contracts\VENDORS\MEDSTAT\SUMMARY\summary (1-1-2006).doc

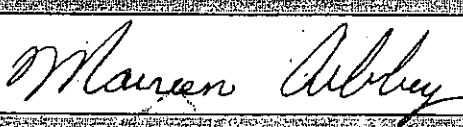
Contract Begin Date:	Contract End Date:	SUBRECIPIENT or VENDOR?	CFDA #:
1-1-95	12-31-08		

Mark, if Statement is TRUE

<input checked="" type="checkbox"/> Contractor is on STARS as required	<input checked="" type="checkbox"/> Contractor's Form W-9 is on file in Accounts as required
--	--

Allocation Code	Cost Center	Object Code	Fund	Funding Grant Code	Funding Subgrant Code
317.04	993	083	11		

FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount
1995-2006			3,400,000		3,400,000
2007			360,000		360,000
2008			360,000		360,000
2009			330,000		330,000
TOTAL			4,450,000		4,450,000

COMPLETE FOR AMENDMENTS ONLY			State Agency Fiscal Contact & Telephone #
FY	Base Contract & Prior Amendments	THIS Amendment ONLY	Maureen Abbey 20 th Floor, Snodgrass TN Tower Nashville, TN 37243 741-6070
1995-2006	3,400,000		
2007		360,000	
2008		360,000	
2009		330,000	
TOTAL	3,400,000	1,050,000	State Agency Budget Officer Approval  9-28-05
End Date:	12-31-05	12-31-08	Funding Certification (certification required by T.C.A. § 9-4-5119 that there is a balance in the appropriation from which the obligated expenditure is required to be paid that is not otherwise encumbered to pay obligations previously incurred)

Contractor Ownership			
<input type="checkbox"/> African American	<input type="checkbox"/> Disabled	<input type="checkbox"/> Hispanic	<input checked="" type="checkbox"/> Small Business
<input type="checkbox"/> Asian	<input type="checkbox"/> Female	<input type="checkbox"/> Native American	<input checked="" type="checkbox"/> NOT minority/disadvantaged
<input type="checkbox"/> OTHER minority/disadvantaged			

Contractor Selection Method			
<input checked="" type="checkbox"/> Original: RFP	<input type="checkbox"/> Competitive Negotiation	<input type="checkbox"/> Alternative Competitive Method	
<input checked="" type="checkbox"/> This amdt: Non-Competitive Negotiation	<input type="checkbox"/> Government	<input type="checkbox"/> Other	

Procurement Process Summary:
Please see attached documentation, detailing justification.



**GENERAL ASSEMBLY OF THE STATE OF TENNESSEE
FISCAL REVIEW COMMITTEE**

320 Sixth Avenue, North - 8th Floor
NASHVILLE, TENNESSEE 37243-0057
615-741-2564

Rep. Charles Curtiss, Chairman
Representatives

Harry Brooks Mary Pruitt
Curt Cobb Donna Rowland
Bill Dunn David Shepard
Dennis Ferguson Curry Todd
Craig Fitzhugh, *ex officio*
Speaker Jimmy Naifeh, *ex officio*

Sen. Don McLeary, Vice-Chairman
Senators

Mae Beavers David Fowler
Jim Bryson Steve Southerland
Steve Cohen
Douglas Henry, *ex officio*
Lt. Governor John S. Wilder, *ex officio*

M E M O R A N D U M

TO: The Honorable Dave Goetz, Commissioner
 Department of Finance and Administration

FROM: Charles Curtiss, Chairman
 Don McLeary, Vice-Chairman

DATE: September 15, 2005

SUBJECT: **Contract Comments**
 (Contract Services Subcommittee Meeting 9/14/05)

RFS# 317.04-003

Department: Finance & Administration/Insurance Administration

Contractor: Medstat Group

Summary: The current contract provides Internet access through standard and custom designed programs to 36 months of health claims data for all of the state health plan options and provides the necessary detail to support analytical activity and complex decision-making through a claims analysis system. This amendment extends the current contract through December 31, 2008, provides for an annual performance review, and increases the maximum liability by \$1,050,000.

Original maximum liability: \$3,400,000

Maximum liability with amendment: \$4,450,000

After review, the Fiscal Review Committee voted to recommend approval of the contract amendment.

cc: Richard Chapman, Director, Insurance Administration
 Robert Barlow, Director, Office of Contracts Review

CONTRACT SUMMARY SHEET

RFS Number:	317.04-003 REVISION 3-2-04	Contract Number:	FA5114095
State Agency:	F&A	Division:	Insurance Administration
Contractor:		Contractor Identification Number:	
The MEDSTAT Group, Inc.		<input checked="" type="checkbox"/> V- <input type="checkbox"/> C-	06-1467923

Service Description:
 Storage of healthcare data, for research and insurance plan management purposes. THIS REVISION CHANGES THE COST CENTER ONLY. pch

Contract Begin Date:	Contract End Date:
1-1-95	12-31-05

Allotment Code:	Cost Center:	Object Code:	Fund:	Grant:	Grant Code:	Subgrant Code:
317.04	440 993	083	11	<input type="checkbox"/> on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
1995-2002			2,260,000		2,260,000
2003			140,000		140,000
2004			750,000		750,000
2005			200,000		200,000
2006			50,000		50,000
Total			3,400,000		3,400,000

CFDA #	Check the box ONLY if the answer is YES
State Fiscal Contact:	Is the Contractor a SUBRECIPIENT? (per OMB A-133)
Name: Mike Morrow	N
Address: 20 th Floor, Snodgrass TN Tower	Is the Contractor a VENDOR? (per OMB A-133)
Phone: Nashville, TN 37243	Y
741-0300	Is the Fiscal Year Funding STRICTLY LIMITED?
	N
Procuring Agency Budget Officer Approval Signature:	Is the Contractor on STARS?
	Y
	Is the Contractor's FORM W-9 ATTACHED?
	N
	Is the Contractor's Form W-9 Filed with Accounts?
	Y

COMPLETE FOR ALL AMENDMENTS (only)		
END DATE	Base Contract & Prior Amendments	This Amendment ONLY
12-31-02		12-31-05
FY: 1995-2002	2,260,000	
FY: 2003	140,000	
FY: 2004		750,000
FY: 2005		200,000
FY: 2006		50,000
Total:	2,400,000	1,000,000

Funding Certification
 Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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CONTRACT SUMMARY SHEET

RFS Number	317.04-003	Contract Number	FA5114095 -05
State/Agency	F&A	Division	Insurance Administration

Contractor	Contractor Identification Number
The MEDSTAT Group, Inc.	<input checked="" type="checkbox"/> V- <input type="checkbox"/> C- 06-1467923

Service Description
Storage of healthcare data, for research and insurance plan management purposes.

Contract Begin Date	Contract End Date
1-1-95	12-31-05

Allocation Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
317.04	110	083	11	<input type="checkbox"/> on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including all amendments)
1995-2002			2,260,000		2,260,000
2003			140,000		140,000
2004			750,000		750,000
2005			200,000		200,000
2006			50,000		50,000
Total:			3,400,000		3,400,000

CFDA #	Check the box ONLY if the answer is YES
State Fiscal Contact	Is the Contractor a SUBRECIPIENT? (per OMB A-133) N
Name: Mike Morrow	Is the Contractor a VENDOR? (per OMB A-133) Y
Address: 20 th Floor, Snodgrass TN Tower	Is the Fiscal Year Funding STRICTLY LIMITED? N
Phone: Nashville, TN 37243	Is the Contractor on STARS? Y
741-0300	Is the Contractor's FORM W-9 ATTACHED? N
Procuring Agency Budget Officer Approval Signature	Is the Contractor's Form W-9 Filled with Accounts? Y
<i>Michael Morrow/gas</i>	

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification
END DATE →	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
	12-31-02	12-31-05	
FY: 1995-2002	2,260,000		
FY: 2003	140,000		
FY: 2004		750,000	
FY: 2005		200,000	
FY: 2006		50,000	
Total:	2,400,000	1,000,000	

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 MAY 23 4 21 PM '07
 OFFICE OF
 FINANCE &
 ADMINISTRATION
 SERVICES

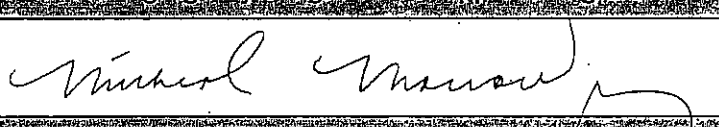
Contract Number	EA95-11409	State Agency	Final & Administration
RFS Number	317.04-003	Division	Insurance Administration
Contractor		Vendor ID Number	
The MEDSTAT Group, Inc.		<input checked="" type="checkbox"/> V <input type="checkbox"/> C	06-1467923

Service Description
Storage of healthcare data, for research and Plan management purposes.

Contract Begin Date	Contract End Date
1-1-95	12-31-2002

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
317.04	110	083	11	<input type="checkbox"/> on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
1995-99			1,148,000		1,148,000
2000			362,000		362,000
2001			400,000		400,000
2002			350,000		350,000
2003			140,000		140,000
Total			2,400,000		2,400,000

<input type="checkbox"/>	Fiscal Year Funding Is Strictly Limited	CFDA Number	
<input checked="" type="checkbox"/>	Contractor is on STARS	State Fiscal Contact	
<input checked="" type="checkbox"/>	Current Form W-9 On File With Accounts OR	Name	Mike Morrow
<input type="checkbox"/>	Form W-9 Attached	Address	21st Floor Tennessee Tower
		Phone	312 8th Avenue North
			Nashville, TN
			741-0300
<input checked="" type="checkbox"/>	Service Provider Registered with F&A	Procuring Agency Budget Officer Approval Signature	
<input type="checkbox"/>	Contractor is a SUBRECIPIENT (as defined by OMB Circular A-133)		

COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY
Contract End Date	12-31-2000	12-31-2002
FY 1995-99	1,148,000	
FY 2000	362,000	
FY 2001	200,000	200,000
FY 2002		350,000
FY 2003		140,000
Total	1,710,000	690,000

Funding Certification
Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

OCR Use Only

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200 NOV 27 PM 2:24
COMPTROLLER'S OFFICE
OF
MANAGEMENT SERVICES

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2000 DEC 12 P 12:03
DIRECTOR OF ACCOUNTS

CONTRACT SUMMARY SHEET

Contract Number	FA-95-11409 3 5114195-03	State Agency	Finance & Administration
	FA 95-11409	Division	Insurance Administration

Contractor	Vendor ID Number
The MedStat Group, Inc.	<input checked="" type="checkbox"/> V <input type="checkbox"/> C
06-1467923	

Service Description
Management of healthcare data for enrollees in the State Basic Plan (PPO) and the Self-Insured HMOs.

Contract Begin Date	Contract End Date
1-1-95	12-31-2000

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
317.04	110	083	11	<input type="checkbox"/> on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (Including ALL amendments)
95-97			638,000		638,000
1998			250,000		250,000
1999			260,000		260,000
2000			362,000		362,000
2001			200,000		200,000
Total			1,710,000.00		1,710,000.00

<input type="checkbox"/>	Fiscal Year Funding Is Strictly Limited	CFDA Number	
<input checked="" type="checkbox"/>	Contractor is on STARS	State Fiscal Contact	
<input type="checkbox"/>	Current Form W-9 On File With Accounts OR	Name	John Anderson
<input checked="" type="checkbox"/>	Form W-9 Attached	Address	14 th Floor, Andrew Jackson Bldg.
		Phone	Nashville, TN 741-8642
<input checked="" type="checkbox"/>	Service Provider Registered with F&A	Procuring Agency Budget Officer Approval Signature	
<input type="checkbox"/>	Contractor is a SUBRECIPIENT (as defined by OMB Circular A-133)		

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, John D. Ferguson, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
Contract End Date	12-31-99	12-31-2000	
FY 95-97	638,000		
FY 1998	250,000		
FY 1999	260,000		
FY 2000	62,000	300,000	
FY 2001		200,000	
Total	1,210,000	500,000	

MAR - 7 2000	FEB 8 2000 COMPTROLLER OF THE TREASURY
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CONTRACT SUMMARY SHEET

<input type="checkbox"/> NEW CONTRACT <input checked="" type="checkbox"/> AMENDMENT #2		<input checked="" type="checkbox"/> FA <input type="checkbox"/> GR <input type="checkbox"/> DP <input type="checkbox"/> RV <input type="checkbox"/> ID <input type="checkbox"/> Z <input type="checkbox"/> DG <input type="checkbox"/> NC <input type="checkbox"/> GU <input type="checkbox"/> GG <input type="checkbox"/> DL		CONTRACT NUMBER FA-5-11409-8-02		RFS NUMBER 317.04-003	
<input checked="" type="checkbox"/> OTHER CONTRACTING PARTY (VENDOR): <input type="checkbox"/> GRANTEE: The MedStat Group, Inc.				VENDOR I.D. NUMBER: <input checked="" type="checkbox"/> V <input type="checkbox"/> C 382356664-00			
STATE AGENCY: F&A				DIVISION: DIA			
PROGRAM CONTACT: Paul Hauser FLOOR(SUITE)/BLDG.: 1400 Andrew Jackson Bldg. TELEPHONE: 741-9896				FISCAL CONTACT: Glen Gill FHFMA, CMPA, CMCP, MHA FLOOR(SUITE)/BLDG.: 1400 Andrew Jackson Bldg. TELEPHONE: 741-8650			
ALLOTMENT CODE	COST CENTER	MAJOR & MINOR OBJECT CODE	FUND	GRANT IS ON STARS	GRANT CODE	SUBGRANT CODE	CFDA NUMBER
11	110	083	11	<input type="checkbox"/> YES			
BEGINNING DATE: 1/1/95				TERMINATION DATE: 12/31/99			

ESTIMATED EXPENDITURES BY FISCAL YEAR BY FUNDING SOURCE:

FY	STATE	FEDERAL	INTERDEPARTMENTAL	OTHER	TOTAL CONTRACT AMOUNT INCLUDING ALL AMENDMENTS
95-6			\$400,000.00		\$400,000.00
1997			\$238,000.00		\$238,000.00
1998			\$250,000.00		\$250,000.00
1999			\$260,000.00		\$260,000.00
2000			\$62,000.00		\$62,000.00
TOTAL	\$1,210,000.00		\$1,210,000.00		\$1,210,000.00

CONTRACT SCOPE / SERVICE DESCRIPTION:

Management of healthcare data for enrollees in the State Basic Plan (PPO) and the HealthSource HMOs.
 File name: MEDSUMRY.DOC

CHECK ONE FOR EACH CATEGORY:

<input type="checkbox"/> FISCAL YEAR FUNDING IS STRICTLY LIMITED.
<input checked="" type="checkbox"/> FUNDS MAY ROLL FORWARD TO SUBSEQUENT FISCAL YEARS WITHIN THE CONTRACT TERM.
<input checked="" type="checkbox"/> VENDOR IS ALREADY SET UP IN STARS ON ACH.
<input type="checkbox"/> VENDOR ACH FORM IS ATTACHED.
<input checked="" type="checkbox"/> CURRENT FORM W-9 INFORMATION IS ON FILE IN ACCOUNTS.
<input type="checkbox"/> A FORM W-9 IS ATTACHED.

APPROVED BY FISCAL OFFICER:

COMPLETE FOR AMENDMENTS ONLY:

SIGNATURE: DATE: 2/27/98		ORIGINAL CONTRACT AND PRIOR AMENDMENTS	THIS AMENDMENT	
		TERMINATION DATE: 12-31-99	12-31-99	
OCA USE ONLY RELEASED TO ACCOUNTS DIVISION FEB 27 1998 BY OFFICE OF CONTRACTS REVIEW		FY / FUNDING:		
		95-6	\$400,000.00	
		1997	\$238,000.00	
		1998	\$250,000.00	
		1999	\$260,000.00	
		2000	\$27,000.00	\$35,000.00
		TOTAL:	\$1,175,000.00	\$35,000.00

PROCESSING
 MAR - 3 1998
 OFFICE OF CONTRACTS REVIEW

C N ACT SUMMARY SHEET

<input type="checkbox"/> NEW CONTRACT <input checked="" type="checkbox"/> AMENDMENT #1		<input checked="" type="checkbox"/> FA <input type="checkbox"/> GR <input type="checkbox"/> DP <input type="checkbox"/> RV <input type="checkbox"/> ID <input type="checkbox"/> Z <input type="checkbox"/> DG <input type="checkbox"/> NC <input type="checkbox"/> GU <input type="checkbox"/> GG <input type="checkbox"/> DL		CONTRACT NUMBER 5-11409-7-01		RFS NUMBER 317.04-003	
<input checked="" type="checkbox"/> OTHER CONTRACTING PARTY (VENDOR): <input type="checkbox"/> GRANTEE: The MedStat Group, Inc.				VENDOR I.D. NUMBER: <input checked="" type="checkbox"/> V <input type="checkbox"/> C 382356664-00			
STATE AGENCY: F & A				DIVISION: DIA			
PROGRAM CONTACT: Glen Gill FHFMA, CMPA, CMCP, MHA FLOOR(SUITE)/BLDG.: 1400 Andrew Jackson Bldg. TELEPHONE: 741-8650				FISCAL CONTACT: Glen Gill FHFMA, CMPA, CMCP, MHA FLOOR(SUITE)/BLDG.: 1400 Andrew Jackson Bldg. TELEPHONE: 741-8650			
ALLOTMENT CODE	COST CENTER	MAJOR & MINOR OBJECT CODE	FUND	GRANT IS ON STARS	GRANT CODE	SUBGRANT CODE	CFDA NUMBER
11	110	083	55	<input type="checkbox"/> YES			
BEGINNING DATE: 1/1/95				TERMINATION DATE: 12/31/99			

ESTIMATED EXPENDITURES BY FISCAL YEAR BY FUNDING SOURCE

FY	STATE	FEDERAL	INTERDEPARTMENTAL	OTHER	TOTAL CONTRACT AMOUNT INCLUDING ALL AMENDMENTS
1995			\$200,000.00		\$200,000.00
1996			\$200,000.00		\$200,000.00
1997			\$238,000.00		\$238,000.00
1998			\$250,000.00		\$250,000.00
1999			\$260,000.00		\$260,000.00
2000			\$27,000.00		\$27,000.00

CONTRACT SCOPE / SERVICE DESCRIPTION: **Health Data Mgt. For members in State Basic Plan & HealthSource**

Health Data Mgt. For members in State Basic Plan & HealthSource

CHECK ONE FOR EACH CATEGORY:

<input type="checkbox"/> FISCAL YEAR FUNDING IS STRICTLY LIMITED.	
<input checked="" type="checkbox"/> FUNDS MAY ROLL FORWARD TO SUBSEQUENT FISCAL YEARS WITHIN THE CONTRACT TERM.	
<input checked="" type="checkbox"/> VENDOR IS ALREADY SET UP IN STARS ON ACH.	
<input type="checkbox"/> VENDOR ACH FORM IS ATTACHED.	
<input checked="" type="checkbox"/> CURRENT FORM W-9 INFORMATION IS ON FILE IN ACCOUNTS.	
<input type="checkbox"/> A FORM W-9 IS ATTACHED.	

APPROVED BY FISCAL OFFICER:

COMPLETE FOR AMENDMENTS ONLY:

SIGNATURE: DATE: 3/12/97		ORIGINAL CONTRACT AND PRIOR AMENDMENTS TERMINATION DATE: 12/31/97		THIS AMENDMENT DATE: 3/19/97	
OCA USE ONLY:		FY / FUNDING:			
		1995		\$200,000.00	\$200,000.00
		1996		\$200,000.00	\$200,000.00
		1997		\$200,000.00	\$238,000.00
		1998		\$200,000.00	\$250,000.00
		1999		\$ 0.00	\$260,000.00
		2000	\$ 0.00	\$27,000.00	

Total

\$800,000.00

\$1,175,000.00

PROCESSED
 MAR 20 1997
 DIRECTOR OF ACCOUNTS

RELEASED TO ACCOUNTS
 MAR 19 1997
 OFFICE OF CONTRACTS ADMINISTRATION